

remains a possibility. I continue to oppose that option, and I believe that the circumstances in Pakistan this weekend and over the last few weeks still do not warrant that kind of military assistance.

PUBLIC HEALTH SECURITY AND BIOTERRORISM RESPONSE ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentlewoman from New Mexico (Mrs. WILSON) is recognized for half of the time until midnight as the designee of the majority leader.

Mrs. WILSON. Mr. Speaker, the hour is late, at least here on the east coast, but we have just prepared for passage tomorrow morning a landmark piece of legislation to improve health security in this country, and I think it deserves some additional explanation as to what is in that bill and how it will help America to prepare for and to defend against any bioterrorist attack against American citizens here at home, and I would like to take a few minutes to explain how we came to this legislation and what it is intended to do and some of its provisions.

We expect to vote on this bill tomorrow here in the House although we debated it here on the floor about half an hour ago.

We need to be better prepared for terrorist attacks involving biological agents. There are about 36 different pathogens, or germs, that are designated by the Centers for Disease Control as extremely dangerous. They are in a list that is maintained by the Centers for Disease Control, and we have got to be better prepared against those kinds of biological toxins, because the fact is that the world has changed.

The idea of using disease as a weapon of warfare is not a new one. It has existed for a long time, and countries have developed biological warfare capabilities even in spite of the fact that there were treaties against that.

In 1979 there was an anthrax outbreak in the former Soviet Union near the town of Sverdlovsk, and it created some casualties near that site. At the time, America suspected that there was a biological warfare in Sverdlovsk, but we were able to confirm that after the end of the Cold War.

In the Gulf War and its aftermath, we knew that Iraq was developing biological warfare capability, including anthrax, and we also knew that they had used chemical warfare agents, including against their own people; and we have no illusions about the willingness of Saddam Hussein to destroy his own people or to use biological warfare against the United States or any other enemy of the Iraqi Government.

□ 2330

The use of biological warfare or serious toxins by terrorists is something that people have contemplated, but in some ways it goes into the unthinkable.

In Japan, there was use by a terrorist network of a nerve agent in the subways which kind of alerted us to the potential for using very toxic substances as a terrorist tool, but there was nothing like what we saw here on the east coast of the United States with the anthrax attack that followed on the September 11 attacks on the United States.

The fact is that terrorism has changed. It changed in a very significant way. In the 1970s and 1980s, most terrorist networks were either fighting in wars of national liberation, trying to get attention for a cause, trying to shock governments for effect, but they actually avoided mass casualties, and did not want to have a response against their cause by public opinion writ large. They did not want mass death.

But the terrorists we are dealing with now, and unfortunately, there are cells throughout the world, want to cause massive death and high numbers of casualties. The threat has changed, and America has to change with it.

In the 1970s and 1980s and certainly through the 1990s, our response to the threat of bioterrorism was largely to deal with our military. We developed a vaccine for anthrax, and while it was highly controversial and there were some problems with it, we began inoculating American military personnel against some strains of anthrax. We focused on military protection and not on homeland defense.

We also developed what are called National Guard civil support teams in about 27 States now, where there are teams of people who are designed to deal with unusual threats within the United States; but still, those were relatively small efforts, and focused on the capabilities of our military.

It was really about force protection for the military: How do we keep the American military able to continue to fight for the United States in the face of a potential biological warfare attack. We really did not deal completely with the threat of bioterrorism here at home.

The fact is that a new effort is required in the wake of the anthrax attacks and the new kind of terrorism represented by Osama bin Laden and his al-Qaeda network. What we saw in New York and in Washington, D.C. is frightening, but it is also something we have to cope with. We have seen a terrorist network that has the ability to organize and plan simultaneous attacks, rather sophisticated attacks, in the United States. They were able to maintain secrecy over a period of time within the United States. They did not come from outside, they were within us, within the United States. They had access to the money in order to carry out this very sophisticated operation, and their objective was not to shock or to win in the realm of world public opinion; their objective was mass casualties and the deaths of thousands of civilians.

In light of that, and in light of the anthrax attacks that followed on the

attacks in New York and Washington, D.C., we know we have a new need that we have not faced in this country before. It is going to involve all levels of government, because it is the local fire department and the local emergency room of our hospitals that will see the first impact of any epidemic that is caused by a bioterrorist agent. We have to make sure that everybody is trained that needs to be trained.

Likewise, at the State level and at the Federal level, there are also different kinds of responsibilities. At the National Centers for Disease Control, they worked with States and other networks, but there are all levels of government involved, and it will involve also private entities.

If I am sick, I do not go to the government. If my children are sick, I do not go to the government, I go to our doctor. Our doctor has to be connected in to an early alert system, just as everyone's doctor needs to be. That will involve planning, it will involve training of people, it will involve the development of curricula and ways of communicating very quickly to medical professionals throughout this country what they should be looking for, what kinds of symptoms show up in the first hours, and how to distinguish those symptoms from other things that might not be so threatening: What is the difference between anthrax and the flu, and how as a doctor in rural New Mexico can I make that distinction so that I can care for my patients, but I do not have to frighten them unnecessarily?

The second thing we knew we needed to do was to expand the availability of vaccines and medical equipment to deal with a large crisis. That is something that the Secretary of Health and Human Services, Tommy Thompson, brought to our attention in the Committee on Energy and Commerce, that in the event of a mass outbreak, not a naturally-occurring outbreak of a disease but the intentional spreading of disease in different parts of the United States simultaneously, that we were not prepared for that kind of a man-made epidemic, and so we need to expand our stockpiles of vaccines. We need to increase the availability of smallpox vaccine. We need to make sure that we have the stockpiles of medical equipment and diagnostic equipment to be able to deal with any epidemic very quickly and effectively across the United States.

We knew that we needed to better control and know about what pathogens exist in the United States. One of the things that I think surprised a lot of people after the outbreak of anthrax here in Washington and New York and Florida was that one of the first questions the FBI asked was, well, what labs in the United States have anthrax?

The first answer was, we do not know, because there is no requirement to say what we have. The only requirement in Federal law is that one has to

report or register, as it says in the law, we have to report when we transfer a culture from one entity to another entity.

So if I am a researcher working at the University of Iowa, and I have been for 20 years, on very dangerous pathogens, I do not have to tell anybody unless I take one of my samples and send it up to another university, the University of Minnesota. I would only have to tell them that I transferred it.

That does not make any sense. We need to know, of all these 36 very toxic pathogens, these germs that can cause such havoc to our health, we need to know who has them; and even more than that, in addition to requiring that we register what we have, we need to have a sample, a culture of what germs everybody has and is doing research on in the United States.

The reason is this: We can now map the genes not only of the human being but of almost any organism. If we can have an encyclopedia, if you will, of all of these dangerous toxins within the United States and know what their DNA, their genetic code is, then if there is an outbreak of anthrax, we can tell what the parents are or who the parents are, if you will.

Then we can help law enforcement deal with any outbreak and possibly determine where that outbreak is likely to come from, or, perhaps even more importantly, be able to rule out large numbers of samples, or even rule out that the sample came from within the United States.

So the bill that we are going to vote on tomorrow requires the registration of any of these dangerous serious germs, these 36 germs that are listed by the CDC, and also providing a sample of that, and creating a national registry, a genomic registry of what the genes of these germs look like.

We know that our food systems and our water systems are vulnerable to contamination. We have 54,000 community water systems across the country, most of them serving very small villages and communities across the country. We have probably 100 or 200 very large water systems, but most of our water systems are very small. They are often run on a voluntary basis or a cooperative basis, where people get together and they have treated well water. Unfortunately, they are also vulnerable because of that. We need to make sure that our water supply and our food supply is safe, and develop ways to survey any potential contamination of them.

We also knew that we needed to do more research, not only research on countermeasures, but research to better understand these pathogens, to know what their vulnerabilities are so that our vaccines and our public health response can be much better.

We need better ways of mapping and surveying disease outbreaks, and detecting when we have hazardous germs that are present.

All of us saw in the news in the last couple of weeks the men in the white

suits with their Q-tip swabs going around testing things and wiping things and putting them on Petri dishes and trying to grow something, and then putting it under a microscope, and maybe 2 or 3 days later they would know whether they had anthrax or not on that particular sample that they took from the back of a telephone somewhere in the Capitol building.

Well, that does not make any sense in this day and age. We need to be able to research, develop, and deploy the technology for real-time continuous monitoring of the air, of the water; even do portal monitoring, so if one walks through a door and there is some kind of a germ that comes in with one that is a very serious germ, we can detect it, just like walking through a metal detector at the airport, entirely passively.

We know we need better communications, and to plan communications in advance, not only between public health doctors and State health laboratories and the CDC, but between Federal officials and the public. The public needs information.

□ 2340

If there is a problem, we need to know about it so we can deal with it. And that means getting the straight scoop from Federal agencies even if they do not know everything, if they can just in a clear way tell us what they do know. We need to plan those things in advance because once there is a crisis, everybody starts working off the back of an envelope; and it is much easier to have those things thought out in advance.

Finally, we know that we need to expand our laboratory capacity and expand the Centers for Disease Control. The anthrax attacks on the eastern coast of the United States were relatively small. They were frightening. They caused sickness and they caused death. But in a way maybe it was the canary in the mine shaft. They were relatively small attacks involving four letters in three different States. But it overwhelmed our laboratory system. We do not have the capacity in our laboratory system. We do not even have a level 4, which is to deal with the most serious pathogens; we do not even have a level 4 laboratory in the United States west of the Mississippi River.

We are not prepared to be able to deal with a potential outbreak and epidemic and we need to. So in a bipartisan way in the House we came up with the Public Health Security and Bio-Terrorism Response Act. We hope to vote on it tomorrow, and it has some very important things in it. It has \$1 billion authorized for planning and preparedness activities, for training, for lab capacity, to educate health care personnel and develop curriculum for health care personnel and to develop new drugs and new therapies and new vaccines against the most serious toxins that we can face in a country in a man-made epidemic.

It authorizes \$450 million for the Centers for Disease Control. We are going to update and modernize the CDC, and this bill will include funds to do that. We put into the bill \$1 billion for the Secretary of Health and Human Services to expand the national stock piles of vaccine and medical equipment and other supplies, to purchase more small pox vaccines, to have things ready if we need it.

I remember as a young lieutenant in the Air Force I was stationed overseas in England, and one of the things we had in England were prepositioned hospitals that were kind of stored in pallets in these old World War II hangars that were rehabilitated for this purpose so that if we ever did go to war in Europe, we would have prepositioned hospitals ready to go there in storage in the event of an emergency. It is kind of still within the project that we are talking about, making sure we have the supplies on hand to counteract any man-made epidemic.

We establish a national data base of dangerous pathogens. The CDC can update that list anytime they want to. Right now there are 36 very different dangerous diseases on that list, and we require that they be registered and that they give us a culture of that germ so that we can have a national encyclopedia of the genomes of these different samples from around the country. There is \$100 million that is authorized for the Food and Drug Administration to hire more inspectors at our borders to make sure we are monitoring our food supply.

We certainly need to increase the research and development to be able to detect things remotely and give these people the tools to make this meaningful so that they can reassure us that the food supply is safe, that it has not been contaminated. And there is \$100 million in the bill to develop vulnerability analyses and emergency response plans for our water systems.

Overall this is a very good bill. It sets out national policy in public health safety. It will require that the establishment within the health and human services department of an office of emergency preparedness require the development of national plans to deal with a new bioterrorist threat.

There are some things that it does not do. We do not claim that this bill includes all the things we are going to need to do to protect the public health. We know that probably next year we are going to have to do some things with the National Guard and the military to strengthen that first response that every Governor turns to when something goes wrong in their State. We do know that this really deals mostly with living things, with pathogens, with organisms and not so much with other kinds of poisons, whether they be radionuclides or chemicals. And those surveillance systems are different than those you see for disease. And we need to think differently about how we do that.

Finally, it does not include water research and development for real-time monitoring. That is in a separate bill. It is sponsored by the gentleman from New York (Mr. BOEHLERT), and we may see that come forward here possibly this week or next week to really expand our research and development on water safety and water monitoring.

This is a very good solid bill. It is a very important bill, in some ways because it has been worked quietly and in a bipartisan way here in the House; we have not talked about it much. We have not explained what is in here, and I think it is a real concern of Americans. I know it is a concern of mine of, well, what if there is something that makes my family sick; and how do we know whether someone is trying to hurt them or hurt us. What if someone were to be as organized and as ruthless as there were in the attacks on September 11; but instead of using aircraft, they used disease. They use small pox or they were more effective with anthrax or ebola or all kinds of other things that would be devastating to our families and our communities.

The Federal Government has a responsibility to step up to the challenge, to change the way we think about our health and our health security. And I think this bill goes a long way to taking us there. And I commend the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Michigan (Mr. DINGELL) for their leadership on this. And I look forward to an overwhelming vote on this tomorrow to pass the bioterrorism bill.

RECESS

The SPEAKER pro tempore (Mr. TERRY). Pursuant to clause 12 of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 11 o'clock and 47 minutes p.m.), the House stood in recess subject to the call of the Chair.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 8 of rule XII, executive communications were taken from the Speaker's table and referred as follows:

4780. A letter from the Chief, Programs and Legislation Division, Department of the Air Force, Department of Defense, transmitting notification that the Commander of Air Force Material Command is initiating a standard cost comparison of the Aircraft Maintenance and Support Activities at Edwards Air Force Base, California, pursuant to 10 U.S.C. 2461; to the Committee on Armed Services.

4781. A letter from the Secretary, Department of Education, transmitting Final Regulations—Direct Grant Programs, pursuant to 20 U.S.C. 1232(f); to the Committee on Education and the Workforce.

4782. A letter from the Acting Assistant General Counsel for Regulatory Services, Department of Education, transmitting the Department's final rule—Direct Grant Programs (RIN: 1890-AA02) received November 29, 2001, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and the Workforce.

4783. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting a listing of gifts by the U.S. Government to foreign individuals during fiscal year 2001, pursuant to 22 U.S.C. 2694(2); to the Committee on International Relations.

4784. A letter from the Under Secretary for Export Administration, Department of Commerce, transmitting notification of certain foreign policy-based export controls which are being imposed on Liberia; to the Committee on International Relations.

4785. A letter from the Acting Assistant Secretary, Land and Minerals Management, Department of the Interior, transmitting the Department's final rule—Leasing of Sulphur or Oil and Gas in the Outer Continental Shelf—Revision of Requirements Governing Surety Bonds for Outer Continental Shelf Leases (RIN: 1010-AC68) received November 16, 2001, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Resources.

4786. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule—Safety and Security Zones; Naval Force Protection, Bath Iron Works, Kennebec River, Bath, Maine [CGD01-01-175] (RIN: 2115-AA97) received November 16, 2001, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4787. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule—Safety and Security Zones; Coast Guard Force Protection for Station Jonesport, Jonesport Maine; Coast Guard Group Southwest Harbor, Southwest Harbor, Maine; and Station Rockland, Rockland Harbor Maine [CGD01-01-164] (RIN: 2115-AA97) received November 16, 2001, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4788. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule—Aircraft Security under General Operating and Flight Rules [Docket No. FAA-2001-10738; SFAR 91] (RIN: 2120-AH49) received November 16, 2001, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4789. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule—Temporary Extension of Time Allowed for Certain Training and Testing [Docket No. FAA-2001-10797; SFAR 93] (RIN: 2120-AH51) received November 16, 2001, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4790. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule—Change of Using Agency for Restricted Areas R-3008A, R-3008B, R-3008C, and R-3008D; Grand Bay Weapons Range, GA [Docket No. FAA-2001-10285; Airspace Docket No. 01-ASO-8] (RIN: 2120-AA66) received November 16, 2001, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4791. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule—Amendment of Class D Airspace; White Plains, NY [Airspace Docket No. 01-AEA-05FR] received November 16, 2001, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4792. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule—Revocation of Class D Airspace, Fort Worth Carswell AFB, TX [Airspace Docket No. 2001-ASW-04] received November 16, 2001, pursu-

ant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4793. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule—Establishment and Revision of Restricted Areas, ID [Airspace Docket No. 99-ANM-15] (RIN: 2120-AA66) received November 16, 2001, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4794. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule—Revision of Class E Airspace, Farmington, NM [Airspace Docket No. 2001-ASW-08] received November 16, 2001, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4795. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule—Establishment of Class E Airspace; Coudersport, PA [Airspace Docket No. 01-AEA-16FR] received November 16, 2001, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4796. A letter from the Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule—Airworthiness Directives; Israel Aircraft Industries, Ltd., Model 1125 Westwind Astra Series Airplanes [Docket No. 2001-NM-202-AD; Amendment 39-12362; AD 2001-15-27] (RIN: 2120-AA64) received November 16, 2001, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4797. A letter from the Director, Office of Regulations Management, Department of Veterans' Affairs, transmitting the Department's final rule—Board of Veterans' Appeals: Rules of Practice—Notice of Appeal in Simultaneously Contested Claim (RIN: 2900-AJ73) received November 30, 2001, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Veterans' Affairs.

4798. A letter from the Director, Office of Regulations Management, Department of Veterans' Affairs, transmitting the Department's final rule—provision of Hospital and Outpatient Care to Veterans—Enrollment Decision Level; Copayments for Inpatient Hospital Care and Outpatient Medical Care (RIN: 2900-AK50) received November 30, 2001, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Veterans' Affairs.

4799. A letter from the Secretary, Department of the Treasury, transmitting a request to raise the statutory debt ceiling; to the Committee on Ways and Means.

4800. A letter from the Secretary, Department of Labor, transmitting the Department's eighth report on the impact of the Andean Trade Preference Act on U.S. trade and employment from 1999 to 2000, pursuant to 19 U.S.C. 3205; to the Committee on Ways and Means.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. HANSEN: Committee on Resources. H.R. 2440. A bill to rename Wolf Trap Farm Park as "Wolf Trap National Park for the Performing Arts", and for the other purposes; with an amendment (Rept. 107-330). Referred to the Committee of the Whole House on the State of the Union.

Mr. REYNOLDS: Committee on Rules. House Resolution 311. Resolution providing for consideration of the bill (H.R. 3295) to establish a program to provide funds to States to replace punch card voting systems, to establish the Election Assistance Commission